



Clinton County HEALTH Department

www.clintonhealth.org



Public Health  
Prevent. Promote. Protect.

**Immunization/Testing Clinic Fee Schedule  
Effective January 1, 2024**

Service	Full Charge	Cash Discounted Charge
DTaP (Eligible Criteria)	\$25.00	\$10.00
DTaP	\$101.00	\$61.00
DTaP/Hep B/IPV (Eligible Criteria)	\$25.00	\$10.00
Hep A (Adult)	\$123.00	\$83.00
Hep A (Eligible Criteria)	\$25.00	\$10.00
Hep A/Hep B (Twinrix)	\$156.00	\$116.00
Hep A/Hep B (Eligible Criteria)	\$25.00	\$10.00
Hep B (Adult)	\$104.00	\$64.00
Hep B (Eligible Criteria)	\$25.00	\$10.00
Hib (Eligible Criteria)	\$25.00	\$10.00
HPV (Gardasil-9)	\$319.00	\$279.00
HPV (Eligible Criteria)	\$25.00	\$10.00
Influenza (Egg/Pres Free) (Flublok)	\$123.00	\$83.00
Influenza (High Dose) (Fluzone)	\$123.00	\$83.00
Influenza (Quad Pres Free)	\$79.00	\$39.00
Influenza (Eligible Criteria)	\$25.00	\$10.00
Meningococcal	\$200.00	\$160.00
Meningococcal (Eligible Criteria)	\$25.00	\$10.00
Meningococcal B	\$231.00	\$191.00
MMR (Adults) (MMRII)	\$149.00	\$109.00
MMR (Eligible Criteria)	\$25.00	\$10.00
Pneumococcal (Pevnar20)	\$307.00	\$267.00
Pneumococcal (Pneumovax 23)	\$173.00	\$133.00
Pneumococcal (Eligible Criteria)	\$25.00	\$10.00
Polio (IPOL)	\$98.00	\$58.00
Polio (Eligible Criteria)	\$25.00	\$10.00
Tuberculin PPD	\$69.00	\$29.00



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### Immunization/Testing Clinic Fee Schedule Effective January 1, 2024

Service	Full Charge	Cash Discounted Charge
Tuberculin PPD--Reading	\$60.00	\$20.00
Rabies	\$429.00	\$389.00
Rotavirus (Eligible Criteria)	\$25.00	\$10.00
Td (Tenivac)	\$69.00	\$29.00
Td (Eligible Criteria)	\$25.00	\$10.00
Tdap (Adacel)	\$102.00	\$62.00
Tdap (Eligible Criteria)	\$25.00	\$10.00
Varicella (Varivax)	\$205.00	\$165.00
Varicella (Eligible Criteria)	\$25.00	\$10.00



Note 1--The Director of Health Care Services may adjust fees for public health recommendations or for changes in cost

Note 2--Eligible Criteria: meets NYSDOH eligibility criteria. VFA adults, college MMR, or migrant farmerworkers federally funded, may not be used for routine vaccination of any fully privately insured individual. Privately insured means anyone with commercial health insurance that covers the cost of vaccine, even if the insurance includes a high deductible or co-pay, or if a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible had not been met.

- CCHD charges eligible VFC clients only for an administrative fee that doesn't exceed the NYS cap of \$25.10 per dose. \$25 Administration Fee and \$10 Administration Fee when paying in cash.
- CCHD will render VFC vaccines to any eligible VFC client regardless of their ability to pay the administrative fee.

Note 3--Ig is special order by SPHN with NYS authorization; fee set according to cost at the time plus admin fee

Note 4--Non-Eligible Criteria: Vaccine Cost plus \$60 Administration Fee or \$20 Administration Fee when paying in cash